

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10	1					
11	1					
12						
13						
14						
15	1					
16	1					
17	1					
18	1					
19						
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21						
22						
23						
24	1					
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26						
27						
28						
29	1					
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31	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	21					
TOTAL CLAIMS	32					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

BEST AVAILABLE COPY